



MEDICAL WAIVER

Name:	
Phone:	
Pets:	

Pet Name:	
Date of Birth:	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Type of Pet:	
Spayed/Neutered:	<input type="radio"/> YES <input type="radio"/> NO

HEALTH RECORD

(must fill out new form after each vet visit or when new medications are required)

Date of Last Check-Up:	
Vaccinations:	
Known Illnesses:	

VETERINARIAN INFORMATION

Veterinarian Name:	
Address:	
Phone Number:	
Permission to use our veterinarian in the event above veterinarian is not available?	<input type="radio"/> YES <input type="radio"/> NO

MEDICATION INFORMATION

Number of medications needed during service contract:	
Name of medication (only enter one medication here)	

Amount given:	
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For additional medications, please fill out the information below:

Time to administer:	
Give meds: _____ times for _____ days	
Reason for Medication:	
Known Side Effects:	
Instructions for administration:	
Has the pet been on this medication before?	<input type="radio"/> YES <input type="radio"/> NO
Any known problems with administering?	<input type="radio"/> YES <input type="radio"/> NO

Please Describe:

Wags to Whiskers, LLC agrees to administer medication to the above pet per the instructions listed above. Wags to Whiskers, LLC is not responsible for any reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all costs incurred including transportation and vet fees. Owner agrees to hold Wags to Whiskers, LLC harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I, _____, grant permission to Wags to Whiskers, LLC to administer medication to my pet(s) as outlined above. I have entered the above information as truthfully and accurately as possible.

Client's Signature	Date